

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-575)**

SERIAL NO. 10-031, 666 FILING  
APPLICANT(S) \_\_\_\_\_

CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	2						TOTAL DEP.				
TOTAL CLAIMS	4						TOTAL CLAIMS				

PTO-575 (2-79)

ONLY TO BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

SEE INSTRUCTIONS ON REVERSE OF FORM PTO-575 FOR FILING REQUIREMENTS

BEST AVAILABLE COPY